Formal Training/Clinical CMR Verification Letter - Nuclear Medicine

TO: **Certification Board of Cardiovascular Magnetic Resonance** Date:_____

Name of Applicant: _____

○ Formal Training (for Clinical Experience, please see page 2)

Dedicated CMR training must be completed in a minimum of three (3) months, which is defined as 12, 35-hour, weeks. Specific case requirements are based upon the criteria set selected below.

CHOOSE ONE OF THE FOLLOWING:

○ COCATS 4 Task Force 8: Training in Cardiovascular Magnetic Resonance Imaging: Level 2 (or 3)

The above-named Applicant is board certified/eligible in Nuclear Medicine and has completed Level 2 (or 3) training in accordance with the American College of Cardiology (ACC) COCATS 4 Task Force 8: Training in Cardiovascular Magnetic Resonance Imaging at an accredited program.

Level 2 training must include interpretation of a minimum of 150 CMR exams. The Applicant must have been physically present, directed the acquisition of, and served as the primary interpreter for at least 50 of the total cases. The Applicant started this training on (mm/dd/yyyy) _____ and completed it on _____ (mm/dd/yyyy).

○ SCMR Guidelines for Training in Cardiovascular Magnetic Resonance (CMR): Level 2 (or 3)

The above-named Applicant is board certified/eligible in Nuclear Medicine and has completed Level 2 (or 3) training in accordance with the Society for Cardiovascular Magnetic Resonance Training Guidelines.

Level 2 training must be completed within a 4-year total timeframe and must include interpretation of a minimum of 150 CMR exams. The Applicant must have been physically present, performed image analysis, and made the initial interpretation for at least 50 of the total cases. The Applicant started this training on (mm/dd/yyyy)_____ and completed it on _____ (mm/dd/yyyy).

○ European CMR Certification: Level 2 (or 3)

The above-named Applicant is board certified/eligible in Nuclear Medicine or their country equivalent, and has earned Level 2 (or 3) Certification in accordance with the European Association of Cardiovascular Imaging – Cardiovascular Magnetic Resonance Certification. The Applicant must have sat for, and passed, the written CMR exam.

Level 2 training must have been completed under the supervision of a Level 3 EACVI section CMR Certified Practitioner, completed within a 24-month total timeframe and must include interpretation of a minimum of 150 CMR exams. The Applicant must have been physically present during the acquisition of at least 50 of the total cases. The Applicant started this training on (mm/dd/yyyy) _____ and completed it on _____(mm/dd/yyyy).

○ ACR Practice Parameter for Cardiac MR Imaging (Radiologist)

The above-named Applicant has met the ACR CMR practice guidelines by ☐ meeting the qualification guidelines of being a Physician with prior qualification in general MRI (Section III.A.1); **AND** ☐ has completed CMR training in an ACGME/RCPSC accredited program, including completion of at least 30 hours of CMR CME; **AND** ☐ interpretation, reporting, and/or supervised review of at least 50 CMR examinations in the 36 months preceding application submission. The cases interpreted to meet ACR CMR practice guidelines were completed by the Applicant by (mm/dd/yyyy): _____.

Clinical Experience

This document serves to confirm that the above-named physician Applicant directly performed and interpreted a minimum of 300 total clinical CMR cases over no less than 3 years, obtained in the 5 years immediately preceding application submission, at the instuition indicated on the letterhead above:

- ○ All 300 cases were acquired at the same instuition
- ○ Total cases were acquired are multiple instuitions. Please indicate the case acquisition number you have record of at your instuition: _____

Cases Start Date: _____ Cases Completion Date: _____

Notice: Applicants selecting Clinical Experience may submit multiple letters, each signed by an individual in the capacity listed under "Title" below. The signing individual is not required to be present during case acquisition but must be in active practice/faculty at the institution in which the cases were performed and have documented evidence of case completion (case logs). The cases MUST comply with CBCMR case requirements and have been completed according to the selection below. Case logs are subject to audit.

Select if Applicable:

☐ **Nuclear Medicine - Additional CMR Training**

The above-named physician Applicant has completed/will complete the educational & training requirements for physicians certified by the American Board of Nuclear Medicine, not through a Nuclear Radiology/Diagnostic Radiology program, as indicated in the Nuclear Medicine Board Verification Letter,
AND has completed a minimum of twelve (12) months of CMR specific training **OR** has completed the Clinical Experience requirements above.

12 months of CMR Specific Training Start Date: _____ Training Completion Date: _____

☐ **Testamur**

The above-named Applicant:
1) is in his/her Fellowship/Residency training **OR**
2) *completed* fellowship/residency training within 24 months of applying for the CBCMR exam; **OR**
3) is currently in an advanced cardiac imaging fellowship;
AND does not hold board certification in Nuclear Medicine at the time of application submission, **AND/OR** is on a training/institutional medical license.

Author's Name Printed: _____

Author's Title: _____
(e.g., Program Director, Supervisor, Training Director)

Professional Relationship to Applicant: _____

Email: _____ Phone: _____

☐ I confirm that the above information is true and accurate.

☐ In signing this statement, I understand that if the Applicant is audited, deidentified case logs will be required. If the Applicant is unable to provide the logs for the cases to which I am attesting, it may prevent my attestations from being accepted for future applicants.

☐ I attest that I am Level 2 or 3 in accordance with: the ACC COCATS Guidelines for Training in Cardiovascular Magnetic Resonance Imaging (CMR) and/or hold SCMR Level 2/3 verification and/or hold Euro CMR Certification and/or I have met the American College of Radiology practice parameters for cardiac MR imaging.

Author's Signature _____